NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	or Project # Postmark		Date Received		Notif		ification #: O	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): O								
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):								
OWNER NAME: NYCMTA								
Address: 2 Broadway								
City: New York				NY	Zip	Zip: 10004		
Contact Name: Brian McLean					Tel	Telephone: (646) 252-3540		
REMOVAL CONTRACTOR: COASTAL Environmental Group, Inc.								
Address: 264 Sills Road, Suite A								
City: East Patchogue			Zip:	NY	Zip: 11772			
Contact Name: Richard C. Silva, Jr., Project Manager				Telephone: 631-299-3524			0-3524	
OTHER CONTRACTOR:								
Address:								
City:	City:			State:		Zip:		
Contact Name:					Telephone:			
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R								
IS ASBESTOS PRESENT? (YES NO) Yes								
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)								
Building Name: Roosevelt Avenue Station								
Address: Roosevelt Avenue & 74th Street								
City: Jackson Heights				State: NY County: Queens				
Site Location: Tracks C1 & C2, Pump Rooms, Shafts, Manholes: 26S & 28S								
Building Size: 100,000			# of Floors:		Age	Age In Years: 50 years +		
Present Use: Train Station				Prior Use:				
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy								
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below				
		CATI	CAT II CAT II		UNIT			
Linear Feet	14,390						r	
Pipes					LnFt:	X	Ln M:	
Surface Area – Square Feet	2974				SqFt:	X	Sq M:	
Vol. RACM off Facility Component					CuFt:		Cu M:	
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start Date: 7/30/2016			Complete Date: 8/14/2016			
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:			Complete:			

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56. NYCT							
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.							
WASTE TRANSPORTER #1							
Name:	Tri-State Transfer Associates, Inc.						
Address:	1199 Randall Avenue						
City:	Bronx	State: NY	Zip: 10474				
Contact Name:	Jamie Byrne Baranoff Telephone: 718-617-0771						
WASTE TRANSPORTER #2							
Name:							
Address:							
City:		State:	Zip:				
Contact Name:		Telephone:					
WASTE DISPOSAL	SITE (#1 or #2)						
Name: Minerva Enterprises							
Location:	Location: 9000 Minerva Road						
City:	Waynesburg	State: OH	Zip: 44688				
Telephone: 330-866-3435							
IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
Name:	Title:						
Authority:							
Date of Order (mm/do	ate of Order (mm/dd/yy): Date Ordered to Begin(mm/dd/yy):						
FOR EMERGENCY RENOVATIONS							
Date and Hour of Emergency(mm/dd/yy):							
Description of the Sudden, Unexpected Event:							
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:							
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.							
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation) TIZIZOLO Signature of Owner/Operator Date							
I certify that the above information is correct. Signature of Owner/Operator Date							